

ORIGINAL

#4 | DEATH

THE CHALLENGE OF DEFINITION

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EUTHANASIA AND THE FUTURE OF MEDICINE

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

AS AN OFFICIAL OF THE FEDERAL GOVERNMENT, WHEN I SPEAK ON A SUBJECT SUCH AS THE ONE BEFORE THIS CONFERENCE, I TRY TO SEPARATE FACT, HISTORY, AND PREVIOUSLY ENUNCIATED PUBLIC POLICY POSITIONS FROM MY OWN PERSONAL EXPERIENCE AND BELIEF.

BUT THIS EVENING IS A LITTLE DIFFERENT -- AND A LITTLE MORE DIFFICULT -- BECAUSE THE GOVERNMENT HAS NOT STATED ITS OFFICIAL POSITION ON EUTHANASIA. SOCIETY IS TRYING TO COME TO SOME RESOLUTION OF THE MATTER. AND SO, LIKE YOURSELVES, GOVERNMENT AND SOCIETY AS A WHOLE ARE LOCKED IN THE DEBATE AS WELL.

HENCE, THIS EVENING I WILL ASK SOME QUESTIONS, HESITANTLY VENTURE SOME ANSWERS, BUT PRESENT ESSENTIALLY NOTHING THAT I HAVE NOT SAID ALREADY IN SOME OTHER FORUM IN THE LAST DECADE.

AND I HOPE TO BE AS DISPASSIONATE AS POSSIBLE.

THAT CAVEAT OUT OF THE WAY, LET ME SAY, HOWEVER, THAT I AM TRULY HONORED TO BE YOUR FEATURED SPEAKER THIS EVENING. THERE'VE BEEN SO MANY PEOPLE ON YOUR PROGRAM TODAY WHO ARE CERTAINLY AS DESERVING OF THIS HONOR -- MAYBE MORE SO THAN I -- AND I WOULD NOT BE HONEST WITH YOU OR WITH THEM, IF I DID NOT ACKNOWLEDGE THAT FACT.

BUT IT'S A PECULIAR HONOR, IN A WAY ... TO STAND BEFORE YOU, THIS LATE IN THE 8TH DECADE OF THE 20TH CENTURY ... WITH YOUR MEMORIES -- AND CERTAINLY MY MEMORY -- STILL FILLED WITH VISIONS OF WHAT OUR FELLOW HUMAN BEINGS HAVE DONE TO EACH OTHER ... IN JUST THIS CENTURY ... IN OUR VERY OWN LIFETIMES.

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FOR EACH OF US -- IN MEDICINE, IN PHILOSOPHY, IN ETHICS, IN
LAW -- FOR EACH OF US AT THIS CONFERENCE, THOSE MEMORIES DO US
AND THE HUMAN RACE ITSELF VERY LITTLE HONOR INDEED.

SO I WANT TO BEGIN MY REMARKS THIS EVENING WITH THIS CAVEAT
FOR BOTH YOU AND ME:

WE ARE TRYING VERY HARD AT THIS CONFERENCE TO MAKE SENSE OUT
OF A PROFOUND HUMAN EVENT -- DEATH ITSELF -- AN EVENT THAT
MANY PEOPLE IN THIS CENTURY HAVE ALREADY TRIED TO RENDER
SENSELESS.

SO MUCH EXCELLENT INFORMATION AND WISE OPINIONS HAVE BEEN OFFERED THROUGHOUT THIS DAY, THAT I WANT TO SHIFT THE FOCUS THIS EVENING AND SHARE WITH YOU A CONCERN THAT I BELIEVE WE ALL SHARE. BUT IT'S A CONCERN THAT IS PARTICULARLY IMPORTANT TO ME IN MY PRESENT ROLE AS BOTH A PHYSICIAN AND ALSO A MEMBER OF THE GOVERNMENT OF A FREE AND COMPASSIONATE SOCIETY.

THAT CONCERN IS "DEFINITION." DO OUR WORDS REALLY MEAN WHAT WE THINK THEY MEAN?

I PROMISE YOU I WILL NOT PROCEED TO READ PAGES FROM THE DICTIONARY. BUT I DO BELIEVE IT'S WORTHWHILE TO TALK ABOUT WORDS AND THEIR MEANINGS, BECAUSE THAT'S USUALLY A GOOD WAY TO LAY BARE HUMAN MOTIVES.

BY THE WAY, I DON'T OFTEN HAVE THE OPPORTUNITY TO COMPLIMENT THE DISCIPLINE OF PSYCHIATRY, SO I HOPE MY FRIENDS IN THAT SERVICE WILL SAVOR THIS MOMENT.

AS MANY OF YOU KNOW, I'VE ALWAYS HAD A PROBLEM WITH THE TERM "EUTHANASIA" ITSELF. "GOOD DEATH" ... "HAPPY DEATH." FOR ONE THING, THE TERM SEEMS TO HARBOR AN AMBIVALENCE ABOUT THE ABSOLUTE VALUE OF HUMAN LIFE AND THE HUMAN EXPERIENCE IN GENERAL.

TO ME, ANY SUCH AMBIVALENCE IS INCONSISTENT WITH THE JUDAEO-CHRISTIAN TRADITION WITHIN WHICH I WAS RAISED, A TRADITION WHICH, FOR ME, PLACES A CONSISTENT AND PRIMARY EMPHASIS ON THE SUPREME VALUE OF HUMAN LIFE.

IT IS ALSO A TRADITION IN WHICH HUMAN LIFE IS VALUED NOT MERELY IN THE ABSTRACT REALM OF THE INTELLECT BUT ALSO IN THE CONCRETE WORLD OF SOCIAL INTERCOURSE.

THERE IS, AFTER ALL, IMPLICIT IN THE CONCEPT OF EUTHANASIA THAT DEATH IS THE RESULT OF SOMEONE'S CONSCIOUS CHOICE. IT IS, THEREFORE, MORE THAN JUST AN ALLEGED "GOOD DEATH." IT IS A "GOOD DEATH" THAT IS CONSCIOUSLY, SPECIFICALLY BROUGHT ABOUT.

ONCE AGAIN, IT IS A CONCEPT -- IT SEEMS TO ME -- THAT IS IN DIRECT CONFLICT WITH A RELIGIO-SOCIAL TRADITION IN WHICH THE HUMAN RACE IS PRESENTED WITH "A BLESSING AND A CURSE, LIFE AND DEATH," AND WE ARE INSTRUCTED "...THEREFORE, TO CHOOSE LIFE."

SO THE ELEMENT OF CHOICE HAS ALWAYS BEEN IN THE ENVIRONMENT, BUT I DON'T THINK THERE'S EVER BEEN ANY DOUBT, THROUGHOUT THE EVOLUTION OF OUR JUDAEO-CHRISTIAN HERITAGE, AS TO THE ONE WHO IS TO DO THE CHOOSING. EACH ONE OF US MUST CHOOSE FOR HIMSELF OR HERSELF.

AND WE'RE ENJOINED TO CHOOSE LIFE.

EUTHANASIA, THEREFORE, SEEMS TO DIRECTLY CHALLENGE THESE TWO VERY FUNDAMENTAL ASPECTS OF OUR CULTURE AND HERITAGE:

FIRST, THAT OUR BASIC FRAMEWORK OF HUMAN VALUES IS INDEED
LIFE-CENTERED ...

AND SECOND, THAT EACH INDIVIDUAL IS PERSONALLY RESPONSIBLE
FOR BEING A LIFE-CENTERED MEMBER OF THE HUMAN COMMUNITY.

CHOOSING LIFE IS NOT A RESPONSIBILITY THAT CAN BE
DELEGATED, SUCH AS INSTRUCTING THE YOUNG OR METING OUT JUSTICE.
THIS ONE, EACH OF US MUST DO ON OUR OWN.

THUS, I QUESTION THE LEGITIMACY OF THE CURRENT DEBATE OVER THE DIFFERENCE BETWEEN "ACTIVE" AND "PASSIVE" EUTHANASIA ... THAT IS, THE DIFFERENCE BETWEEN SOMEONE PLAYING AN ACTIVE ROLE TO BRING ABOUT THE ALLEGED "GOOD DEATH" OF ANOTHER, AS OPPOSED TO SOMEONE TAKING NO ACTION TO PREVENT DEATH FROM TAKING PLACE.

THE MOST COMMON ILLUSTRATION OF THIS IS THE "CASE OF THE DROWNING MAN."

* IF A MAN LEAPS FROM A BRIDGE INTO A RAGING CURRENT AND TO DEATH, HE COMMITS SUICIDE -- LITERALLY, "SELF-DEATH" -- WHICH MANY SAY IS AN IMMORAL ACT, WITHIN THE TRADITIONS OF OUR SOCIAL ORDER. WE KNOW THIS IS SO BECAUSE, IF HE TRIES TO COMMIT SUICIDE BUT DOES NOT SUCCEED, SOCIETY WILL EXACT A PRICE OF SOME KIND ... A PUBLIC REBUKE AT THE VERY LEAST.

* ON THE OTHER HAND, IF YOU TAKE A MAN TO THE BRIDGE AND THROW HIM OVER THE RAILING TO HIS DEATH, YOU HAVE KILLED HIM, YOU ARE GUILTY OF THAT CAPITAL CRIME, AND SOCIETY WILL EXACT A PRICE FROM YOU.

* BUT WHAT IF YOU COME UPON THE BRIDGE JUST AS THE MAN STUMBLES AND FALLS BY ACCIDENT OVER THE RAILING, AND YOU HAVE SOME MEANS AT HAND -- A ROPE OR A FLOAT OF SOME KIND -- TO SAVE HIM? AND WHAT IF YOU DECIDE TO DO NOTHING ... AND THE MAN DIES? AGAIN, SOCIETY MAY HOLD YOU RESPONSIBLE FOR MAKING A DECISION THAT DEFIES OUR COMMON, LIFE-CENTERED SYSTEM OF VALUES, AND SOCIETY MAY EXACT A PRICE FROM YOU IN THAT INSTANCE AS WELL.

IN OTHER WORDS, YOU CANNOT DELEGATE THE INJUNCTION TO "CHOOSE LIFE." INDEED, AS IN THE EXAMPLES I JUST MENTIONED, YOU, AS THE BYSTANDER, CANNOT DELEGATE THAT INJUNCTION TO EITHER THE SUICIDE OR THE ACCIDENTAL VICTIM.

AND, IF YOU RECALL THE CASE OF THE MURDER OF KITTY GENOVESE IN KEW GARDENS, NEW YORK, 24 YEARS AGO, THE LINGERING HORROR OF THAT EVENT WAS THE FACT THAT SOME 35 NEIGHBORS HEARD HER SCREAMS AND DID NOTHING TO SAVE HER.

THIS IS AN EXTREME EXAMPLE AND CERTAINLY NOT PART OF OUR MEDICAL LITERATURE. HOWEVER, IT CLEARLY ILLUSTRATES THE INTUITIVE REVULSION THAT SOCIETY FEELS TOWARD THE PASSIVE BYSTANDER IN THE PRESENCE OF AN UNTIMELY DEATH.

AND, I'M AFRAID, ON CLOSER AND MORE THOUGHTFUL EXAMINATION, THERE IS A DIRECT LINK BETWEEN THE PASSIVE NEIGHBORS OF KEW GARDENS AND THE EQUALLY PASSIVE NEIGHBORS OF AUSCHWITZ.

EUTHANASIA, THEN, REMAINS -- IN MY MIND AT LEAST -- A PART OF THIS CONTINUUM OF PERSONAL CHOICE THAT RUNS THROUGH THE LIFE-CENTERED TRADITIONS OF OUR SOCIAL ORDER.

IT APPEARS THAT WE, AS A SOCIETY, RETURN AGAIN AND AGAIN TO JUDGE ADVERSELY THOSE WHO CHOOSE DEATH -- THEIR OWN OR SOMEONE ELSE'S, AIDED OR UNAIDED -- IN A WIDE, ALMOST INFINITE VARIETY OF CIRCUMSTANCES. HENCE, THE CURRENT DEBATE IN MEDICINE OVER WHAT IS -- OR IS NOT -- AN APPROPRIATE "DELEGATION OF AUTHORITY" SEEMS ALMOST IRRELEVANT.

WE'RE NOW EVALUATING THE UTILITY OF SUCH INSTRUMENTS AS "DURABLE POWERS OF ATTORNEY" AND "LIVING WILLS" AND "BOARDS OF REVIEW" AND SO ON ... INSTRUMENTS WHICH JUSTIFY AND EVEN, TO SOME EXTENT, CODIFY EUTHANASIA ... AND THUS ACQUIESCING IN AN INDIVIDUAL'S CHOICE OF DEATH OVER LIFE IN CERTAIN MEDICAL CIRCUMSTANCES ... EVEN THOUGH IT IS A CHOICE WE SIMPLY REJECT EVERYWHERE ELSE IN THE SOCIAL ORDER.

I MUST REJECT THE NOTION THAT MEDICINE IS SOMEHOW A SPECIAL ARENA IN WHICH OUR LIFE-CENTERED VALUES MAY BE, OF ALL THINGS, REVERSED. AND I DO SO BECAUSE THAT, IT SEEMS TO ME, IS THE CENTRAL LESSON OF BINDING AND HOCHÉ. IF WE DID NOT LEARN AT LEAST THAT FROM THE HOLOCAUST, THEN WE LEARNED LITTLE OR NOTHING AT ALL.

HENCE, REGARDLESS OF WHEN THE TERM "EUTHANASIA" WAS COINED OR BY WHOM, I BELIEVE IT LIES OUTSIDE THE COMMONLY HELD, LIFE-CENTERED VALUES OF THE WEST AND CANNOT BE ADMITTED WITHOUT INCURRING GREAT SOCIAL AND PERSONAL TRAGEDY.

AND I MUST AGAIN EMPHASIZE THE HIGHLY PERSONAL NATURE OF THE TRAGEDY. FOR ME, AS BOTH A PRACTICING SURGEON AND, OF LATE, AS THE SURGEON GENERAL, THIS ISSUE HAS APPEARED MORE FREQUENTLY IN THE REAL GUISE OF AN ACTUAL HUMAN BEING AT RISK, AND LESS FREQUENTLY AS AN INTELLECTUAL CONUNDRUM.

PROBABLY THE MOST CELEBRATED EXAMPLE OF THIS WAS THE SO-CALLED "BABY DOE" INCIDENT THAT OCCURRED IN APRIL OF 1982.

IT WAS -- AND STILL IS -- MY FIRM BELIEF THAT EVERY BABY BORN IN THIS COUNTRY IS ENTITLED TO FULL CONSTITUTIONAL PROTECTIONS AT BIRTH ... AT THE VERY LEAST.

I ALSO PERSONALLY BELIEVE THAT THOSE PROTECTIONS APPLY AT THE TIME OF CONCEPTION, AND, HENCE, I AM STILL OPPOSED TO ABORTION-ON-DEMAND.

BUT, FOR THE MOMENT, LET'S TALK ABOUT "BABY DOE," WHO WAS, IN FACT, BORN.

IN THE COURSE OF THE DEBATE SURROUNDING "BABY DOE" TWO PHRASES EMERGED THAT CONFOUNDED AND ANGERED ME THEN ... AND THEY STILL DO TODAY. ONE PHRASE IS "QUALITY OF LIFE."

THE PHYSICIAN, WHO ADVISED THE PARENTS OF "BABY DOE," SAID THAT THEIR SON WOULD MOST LIKELY HAVE A VERY POOR "QUALITY OF LIFE," IF HE WERE ALLOWED TO LIVE.

LADIES AND GENTLEMEN, I'VE BEEN IN MEDICINE FOR A HALF CENTURY, AND FOR THE PAST SEVEN YEARS I'VE BEEN LIVING ON THE CAMPUS OF THE NATIONAL INSTITUTES OF HEALTH IN A HOUSE LESS THAN A 100 YARDS FROM THE FINEST DNA-RNA LABS IN THE WORLD.

AND I HAVE NO IDEA WHAT ANYONE ELSE'S "QUALITY OF LIFE" WAS
... IS ... OR WILL BE. NO IDEA AT ALL.

NOTHING IN MEDICINE -- AND NOTHING ANYWHERE ELSE IN OUR
WESTERN, JUDAE0-CHRISTIAN TRADITION -- ENABLES ONE PERSON TO
MAKE A TRUE JUDGMENT ABOUT ANOTHER PERSON'S "QUALITY OF LIFE".

A HALF-CENTURY AGO THAT WAS PRECISELY THE ROOT OF THE
BINDING AND HOCHÉ THESIS ... THAT THERE WAS SUCH A THING AS A
"LIFE DEVOID OF VALUE" ... A LIFE THAT HAD NO "QUALITY."

A HALF-CENTURY LATER THEIR THESIS REAPPEARED IN BLOOMINGTON, INDIANA, IN THE PHRASE "QUALITY OF LIFE." THAT WAS THE CRITICAL TERM FOR "BABY DOE'S" PARENTS AND IT REMAINS A CRITICAL TERM IN MOST OF THE CONTEMPORARY PUBLIC DIALOGUE CONCERNING INDUCED DEATH, OR EUTHANASIA.

WE DON'T KNOW WHAT "QUALITY OF LIFE" MEANS, YET WE PERMIT IT TO BE USED AS THE CRUX OF A MEDICAL DECISION REGARDING THE LIFE OR DEATH OF A PATIENT.

THE SECOND TERM THAT FIGURED IN THE "BABY DOE" CASE WAS THIS: "WITHHOLD NUTRITION AND FLUIDS."

BECAUSE "BABY DOE" WOULD ALLEGEDLY HAVE A POOR "QUALITY OF LIFE," THE PHYSICIAN RECOMMENDED AND THE PARENTS ACCEPTED THE DECISION TO HAVE NO FURTHER NUTRITION OR FLUIDS GIVEN TO THEIR SON.

THIS DECISION SHOCKED ME BECAUSE, IN MEDICINE, NUTRITION AND FLUIDS ARE LIFE ITSELF. HENCE, WHAT THAT DECISION REALLY SAID WAS THIS: WE WILL STARVE TO DEATH "BABY DOE." SUCH BLUNTNESS LACKS THE ELEGANCE OF THE NEW MEDICAL PHRASEOLOGY -- "WITHHOLD NUTRITION AND FLUIDS" -- BUT THAT'S WHAT IT MEANS.

I DON'T KNOW HOW LONG "BABY DOE" WOULD HAVE LIVED, HAD HE BEEN GIVEN NUTRITION AND FLUIDS. AND I STRONGLY SUGGEST, THAT HAD HE BEEN KEPT ALIVE, THAT WISER AND MORE EXPERIENCED HEADS WOULD HAVE PREVAILED AND SOME NECESSARY LIFE-SAVING SURGERY WOULD HAVE BEEN PERFORMED.

BUT I STILL DON'T KNOW WHAT HIS ULTIMATE "QUALITY OF LIFE" WOULD HAVE BEEN LIKE. IT COULD HAVE BEEN DIFFICULT ... OR IT COULD HAVE BEEN SWEET. I DON'T KNOW. AND NOBODY ELSE KNOWS EITHER.

NEVERTHELESS, "BABY DOE" WAS A CHILD BORN IN THE HEARTLAND OF AMERICA -- BLOOMINGTON, INDIANA -- IN A COMMUNITY AND OF A FAMILY STEEPED IN OUR SOCIETY'S JUDAE0-CHRISTIAN VALUES -- AND A WEEK LATER WAS KILLED THERE.

WE'VE HAD "BABY DOE" AND, AS SURE AS I'M STANDING HERE TONIGHT, WE'RE GOING TO HAVE "GRANNY DOE," TOO.

IF SHE APPEARS ON MY WATCH, I INTEND TO PROTECT HER TO THE BEST OF MY ABILITY. THAT IS A LIMITED ABILITY, TO BE SURE, AS I QUICKLY LEARNED IN 1982.

NEVERTHELESS, IF AND WHEN "GRANNY DOE" APPEARS ON MY WATCH, I WILL WANT HER TO RECEIVE WHATEVER MEDICAL TREATMENT IS INDICATED, AND I WILL PUBLICLY PRESS FOR THAT.

AND, JUST AS AN ASIDE, I WILL PAY SPECIAL ATTENTION TO HER RECEIVING THE BEST POSSIBLE REGIMEN FOR THE MANAGEMENT OF PAIN. FAR TOO MANY OF MY COLLEAGUES WHO MANAGE TERMINALLY ILL PATIENTS IN INTRACTABLE PAIN FIND IT EASIER TO HASTEN THEIR PATIENTS' SO-CALLED "DEATH WITH DIGNITY" THAN TO DO THE MORE DIFFICULT BUT REQUIRED JOB OF EFFECTIVELY MANAGING THAT PAIN DURING THE REMAINING HOURS OF LIFE.

IN ANY CASE, I WOULD WANT "GRANNY DOE" TO RECEIVE WHATEVER TREATMENT IS INDICATED. THAT DOES NOT MEAN PROLONGING THE ACT OF DYING. BUT IT DOES AT LEAST MEAN PROVIDING HER WITH THE NUTRITION AND FLUIDS NEEDED TO SUSTAIN LIFE AT ITS MOST BASIC LEVEL.

AND IF INDEED SHE WERE IN THE FINAL STAGES OF A TERMINAL ILLNESS, I WOULD PRESCRIBE BASIC NUTRITION AND FLUIDS AND THEN STAND BACK TO LET NATURE TAKE ITS COURSE.

I WOULD DO THESE THINGS IN SUCH A MANNER THAT SHE NOT BE DIMINISHED AS A HUMAN BEING.

AND THAT IS MY ESSENTIAL POSITION. I HAVE NOT COVERED -- ALTHOUGH I'M QUITE AWARE OF -- A WHOLE RANGE OF ACTIVITIES CALLED "HEROIC" OR "EXTRAORDINARY." BUT FOR THE FEW MOMENTS WE HAVE TOGETHER TONIGHT, I THOUGHT I'D PASS UP THE TASK OF UNRAVELLING WHAT THOSE CLICHES MAY CURRENTLY MEAN.

IN ANY CASE, MY APPROACH TO "GRANNY DOE" IN A TERMINAL ILLNESS WOULD NOT INCLUDE MUCH -- IF ANY -- HIGH-TECH, "HEROIC" ACTIVITIES THAT WOULD DO LITTLE MORE THAN PROLONG THE AGONY OF HER DEATH.

I BELIEVE MY APPROACH WOULD REFLECT, IF I MAY SAY IT, THE "TRUE INTENT OF THE HEART." YES, IF THEY WERE NEEDED, I WOULD SUGGEST THAT CERTAIN POWERFUL PAIN-KILLING DRUGS BE ADMINISTERED. AND I WOULD WANT EVERY EFFORT MADE TO HELP HER ABSORB NUTRITION AND LIQUIDS.

BUT THOSE DRUGS WOULD BE ADMINISTERED IN REASONABLE AND EFFECTIVE DOSES THAT MAY, OVER TIME, ESCALATE. ULTIMATELY, SHE MIGHT NOT TOLERATE THE HIGHER DOSES AND, AT THAT POINT, I ADMIT THEY COULD CONTRIBUTE TO HER DEATH.

BUT THAT IS NOT THE SAME AS GIVING HER ONE LARGE OVER-DOSE OF A POWERFUL PAIN-KILLER EARLY IN THE MANAGEMENT OF HER CASE. THE "INTENT OF THE HEART" IS CLEARLY DIFFERENT:

- * THE INTENT BEHIND THE GRADUAL ADMINISTRATION OF DRUGS IS TO BE HER ALLY IN HER REMAINING HOURS OR DAYS OF LIFE AND TO KEEP HER REASONABLY COMFORTABLE AS SHE SLIPS AWAY ...

THE INTENT BEHIND THE LATTER APPROACH, THE DRUG OVER-DOSE, IS TO GET HER "OUT OF HER MISERY" -- AND OFF OUR HANDS -- AS QUICKLY AS POSSIBLE.

AGAIN, IT IS NOT THE MEANS USED, BUT THE INTENT OF THE HEART THAT SHOULD CONCERN US.

IF THIS SOUNDS TOO THEORETICAL, BELIEVE ME, TO THE PRACTICING PHYSICIAN IT IS NOT THEORY BUT REALITY. AND FOR MANY YEARS, I WAS A PRACTICING PHYSICIAN. AND, JUST AS AN ASIDE, LET ME BRIEFLY RECOUNT MY OWN CASE HISTORY OF THE LAST DAYS OF A FAMILY MEMBER WHOM I SERVED AS PHYSICIAN. LET'S CALL HIM "UNCLE HARRY."

"UNCLE HARRY" WAS IN HIS LATE 70s, HAD ALZHEIMER'S DISEASE, AND HAD SUFFERED THROUGH SEVERAL BOUTS OF CARDIAC FAILURE. NOW UNDER CONTROL WITH MEDICATION, HE LIVED WITH HIS WIFE IN A SMALL APARTMENT IN A COMFORTABLE LIFE-CARE RETIREMENT CENTER. SHE WAS ALSO IN HER 70s, WAS ALERT, AND IN GOOD HEALTH.

ONE CHRISTMAS EVE, THIS ELDERLY COUPLE CAME TO THE ADMINISTRATOR'S OFFICE AND ASKED FOR A ROOM IN WHICH "UNCLE HARRY" -- AND POSSIBLY HIS WIFE AS WELL, IN SOME MAGIC WAY -- COULD QUIETLY DIE.

NO SUCH ROOM WAS PROVIDED, BUT "UNCLE HARRY" WAS ADMITTED TO THE INFIRMARY. HE WAS INCONTINENT, OBSTREPOROUS, DISORIENTED, AND IN HEART FAILURE. HE CALLED ME BY MY FATHER'S NAME.

HE HAD TENDER, COMPETENT NURSING, WAS GIVEN FOOD, FLUIDS, AND MEDICINE BY MOUTH. SOME HE SWALLOWED, SOME HE SPAT OUT.

I WAS HIS PHYSICIAN. I KNEW HIS DISEASE PROCESS BETTER THAN ANYONE. AND I KNEW THAT "UNCLE HARRY" WAS ALREADY IN THE PROCESS OF DYING. WE WERE GIVING HIM FOOD AND LIQUIDS, BUT HE WASN'T ACCEPTING ALL OF IT. YET, I DID NOT START AN INTRAVENOUS DRIP NOR DID I INSERT A FEEDING TUBE.

"UNCLE HARRY" WAS NOT IN PAIN. BUT HE WAS DYING, AND, AS HIS ATTENDING PHYSICIAN, I CONCLUDED THAT THE TIME HAD COME FOR ME TO STEP BACK AND LET NATURE TAKE ITS COURSE.

THE TIME WAS PAST FOR TAKING EXTRA MEASURES TO PROLONG THE ACT OF DYING. TRUE, I HAD AVAILABLE TO ME ALL THE HIGH-TECH EQUIPMENT OF A MAJOR METROPOLITAN HOSPITAL, BUT "UNCLE HARRY" AND I MIGHT JUST AS WELL HAVE BEEN IN A REMOTE, RURAL INSTITUTION WITH MINIMAL EQUIPMENT. AS HIS PHYSICIAN, I MADE SURE HE WAS LOVED AND CARED FOR AT THE MOST BASIC, HUMAN LEVEL -- AND I BELIEVE THERE WERE MOMENTS OF CLARITY WHEN HE TRULY UNDERSTOOD THAT. AND THOSE MOMENTS HELPED.

I WOULD SAY THAT "UNCLE HARRY'S" DEATH WAS A "GOOD DEATH." BUT IT WASN'T EUTHANASIA, AS THAT TERM IS USED. IN DECIDING AGAINST THE I.V. DRIP AND SO ON, I BELIEVE I BEHAVED ETHICALLY AS HIS PHYSICIAN AND MORALLY AS HIS RELATIVE.

"BABY DOE" LIVED FOR JUST ONE WEEK, BUT WE NEVER REALLY KNEW HIM OR HIS FAMILY AT ALL. HOWEVER, THE SAME MAY NOT BE TRUE FOR "GRANNY DOE."

AND WHO MIGHT SHE BE? HAVE WE ANY IDEA? THIS MIGHT SURPRISE YOU ... BUT I THINK WE KNOW.

"GRANNY DOE" WILL PROBABLY BE SOMEONE WHO WAS NEVER REALLY ENGAGED IN THE DEBATE THAT BRINGS US TOGETHER IN WORCESTER TODAY.

SHE WILL BE SOMEONE WITH LITTLE OR NO EDUCATION BEYOND HIGH SCHOOL ... PROBABLY A CHARITY CASE OR A MEDICAID CASE ... THAT'S VERY LIKELY.

SOMEONE WITH MULTIPLE DISABILITIES ... A WEAK HEART, POOR VISION, EMPHYSEMA, ARTHRITIS, MAYBE SOME MEMORY LOSS ... THAT'S ALSO VERY LIKELY.

IN OTHER WORDS, "GRANNY DOE" WILL BE SOMEONE FOR WHOM EUTHANASIA SEEMS TAILOR-MADE, IF I CORRECTLY UNDERSTAND ITS ADVOCATES.

AND LET ME AS BLUNT AS POSSIBLE ABOUT THIS.

WHILE WE, WHO ARE ATTENDING THIS CONFERENCE, MAY REPRESENT QUITE A RANGE OF OPINION REGARDING EUTHANASIA, THE HARD TRUTH IS THAT EVERY ONE OF US HAS THE KNOWLEDGE, THE MONEY, THE FAMILY SUPPORT, THE INSURANCE, THE CLERGY, AND ANYTHING AND ANYONE ELSE WE NEED TO EASE US THROUGH OUR FINAL HOURS OF LIFE ON EARTH.

I LOOK OUT AT THIS AUDIENCE ... AS I LOOK OUT AT MOST AUDIENCES IN THIS COUNTRY ... AND I DO NOT SEE A POTENTIAL "GRANNY DOE." I DO NOT SEE ANYONE FOR WHOM A LIFE-OR-DEATH CHOICE WILL HAVE BEEN DELEGATED, WILLY-NILLY.

AND THAT'S THE FIRST SIGNAL THAT TELLS ME I'VE GOT TO BE WORRIED ABOUT "GRANNY DOE." AS A CITIZEN OF THIS LIFE-CENTERED SOCIETY, AS A PHYSICIAN, AND AS SURGEON GENERAL, I'VE GOT TO BE ALERT TO THAT SIGNAL AND I'VE GOT TO BE WORRIED ABOUT THE VULNERABILITY OF "GRANNY DOE."

AND IT OUGHT TO BE A SIGNAL FOR EVERYONE OF US.

BINDING AND HOCHER WERE AWARE OF THAT. BUT THEY APPARENTLY KNEW THAT THE SIGNAL WOULD BE IGNORED.

IN THE GERMANY OF THE 1920s AND 1930s, THERE WERE MANY VULNERABLE GROUPS WHO WERE OUTSIDE THE MAINSTREAM OF GERMAN SOCIAL AND POLITICAL LIFE ... GROUPS OF PEOPLE WHO WERE ACTUALLY "INVISIBLE" OR WERE MADE "INVISIBLE":

MENTALLY RETARDED PEOPLE, OLD AND SICK PEOPLE, PHYSICALLY HANDICAPPED PEOPLE, HOMOSEXUALS, GYPSIES, LABOR ORGANIZERS ... AND JEWS.

INVISIBLE PEOPLE ... UNKNOWN PEOPLE ... PEOPLE WITHOUT
"QUALITY" ... PEOPLE WHOSE LIVES WERE, ACCORDING TO THE STATE,
"DEVOID OF VALUE."

BUT PEOPLE WHO FELL NEATLY WITHIN THE PRE-CAST DEFINITION OF
A "GOOD DEATH" ... OF EUTHANASIA.

I DON'T BELIEVE THE TERROR THAT GRIPPED NAZI GERMANY -- A
TERROR IN WHICH MEDICINE ITSELF PLAYED A HIDEOUS ROLE -- I DO NOT
BELIEVE SUCH A TERROR WILL EVER GRIP THIS COUNTRY.

BUT, AS I MENTIONED A MOMENT AGO AND AS I FEEL COMPELLED TO REPEAT ONCE MORE, I AM A PHYSICIAN ... A HEALER ... AND I DON'T LIVE IN GENERALITIES. NEITHER DO ANY OF YOU.

AND SO, WHILE THE TERROR OF STATE-SPONSORED EUTHANASIA MAY NEVER GRIP AMERICA, IT'S POSSIBLE THAT THE TERROR OF THE EUTHANASIAN ETHIC -- TOLERATED BY MEDICINE AND AN INDIFFERENT PUBLIC AND PRACTICED BY A FEW PHYSICIANS -- IT'S POSSIBLE THAT SUCH A TERROR MAY GRIP ONE INVISIBLE AND VULNERABLE AMERICAN, ONE "GRANNY DOE":

SOMEONE FROM A RACIAL OR ETHNIC "UNDERCLASS," PERHAPS ... OR
A SIDEWALK SCREAMER ... AN ILLEGAL, UNDOCUMENTED ALIEN ... A
MOTHER OF 12 AND A GRANDMOTHER OF 33 ... A NURSING HOME
RESIDENT WITH ALZHEIMER'S OR A "WELFARE QUEEN" ... AN
URBAN INDIAN ... AN ABANDONED MIGRANT PICKER.

GERMANY IDENTIFIED MILLIONS OF PEOPLE WHO WERE ELIGIBLE FOR
THE HONOR OF BEING LABELED "DEVOID OF VALUE."

AND SO DO WE.

AND SO DOES ANY SOCIETY THAT LOSES ITS WAY AND REPLACES ITS
FUNDAMENTAL HUMAN VALUES WITH A COUNTER-FRAMEWORK OUTFITTED WITH
A NEW AND FUZZY VOCABULARY THAT PERMITS THE HEALER ... TO BECOME
THE KILLER.

WE'RE SNARED IN A MARSHLAND OF NEW EUPHEMISMS AND CIRCUM-
LOCUTIONS. THEY ARE FAST BECOMING CLICHES, A SURE INDICATION
THAT THE DEBATE IS DETERIORATING FURTHER FROM RATIONALIZATION TO
IMPRECISION:

"QUALITY OF LIFE" ... "WITHHOLD NUTRITION AND FLUIDS" ...
"DEATH WITH DIGNITY" ... "ASSISTED SUICIDE" ... "HEROIC
MEASURES" ... "PASSIVE EUTHANASIA" ... "SURROGATE" ...
"EXTRAORDINARY CARE" ... AND SO ON.

THESE TERMS CAN MEAN DIFFERENT THINGS TO DIFFERENT PEOPLE.

NOT LONG AGO, DURING A VISIT TO ENGLAND, I SPOKE WITH SEVERAL INDIVIDUALS WHO ADVOCATE A "LOW CALORIE DIET" FOR INFANTS BORN WITH SPINA BIFIDA.

A "LOW CALORIE DIET" FOR A SPINA BIFIDA INFANT MEANS STARVATION AND DEATH. SUCH AN INFANT NEEDS A REINFORCED DIET, IF ANYTHING, TO SURVIVE THE ENORMOUS STRESS OF THE FIRST HOURS AND DAYS AFTER BIRTH.

THE EUPHEMISTIC "LOW CALORIE DIET," HOWEVER, IS PRESCRIBED FOR PRECISELY THE REVERSE REASON: TO INSURE THAT THE INFANT DOES NOT, IN FACT, SURVIVE AT ALL.

SO MUCH FOR "THE KING'S ENGLISH."

I DON'T THINK WE NEED TO SCRAP EVERYTHING WE KNOW AND START WITH A TOTALLY CLEAR SLATE. THAT'S FOOLISH BECAUSE THERE ARE A FEW TERMS THAT HAVE BEEN WITH US THROUGHOUT THE EVOLUTION OF OUR PRECIOUS LIFE-CENTERED JUDAEO-CHRISTIAN HERITAGE.

WE MAY NEED TO RETURN TO THEM AND SHARPEN THEM A BIT, TO KEEP THEM RELEVANT TO THE CHALLENGES OF NEW TECHNOLOGIES AND SO ON. BUT THEY ARE NEVERTHELESS STRAIGHTFORWARD AND HONEST TERMS AND HARDLY OFFER THE COSMETICS THAT A CONCEPT SUCH AS EUTHANASIA REQUIRES.

"TO KILL" IS ONE SUCH TERM.

"SUICIDE" IS ANOTHER.

"IMMINENT DEATH" IS A THIRD.

A FEW MOMENTS AGO I SAID, IN THE CASE OF "GRANNY DOE," I WOULD PREFER TO PROVIDE HER WITH BASIC NUTRITION AND FLUIDS AND THEN I WOULD "STAND BACK AND LET NATURE TAKE ITS COURSE." THAT'S A PHRASE AND AN APPROACH I SUGGEST WE MIGHT WANT TO EXPLORE AND RELY ON MORE AND MORE.

BUT WE KNOW THESE TERMS ALREADY. WE'VE GROWN UP WITH THEM AND WE RECOGNIZE THEIR PLACE IN THE GENERAL FRAMEWORK OF LIFE-CENTERED VALUES THAT GOVERN OUR CHOICES IN THIS SOCIETY. THEY ARE ALREADY EMBEDDED IN OUR SOCIAL CONTRACT WITH EACH OTHER.

LET'S GO BACK TO THEM AND MAKE SURE WE STILL UNDERSTAND WHAT THEY MEAN.

THERE IS SAFETY IN SHARED VALUES. SAFETY FOR THE BEST OF US ... AND SAFETY FOR THE WORST AND THE LEAST OF US.

AND THE EXTENT TO WHICH WE CAN SAY THAT ... AND THE EXTENT
TO WHICH WE KNOW IN OUR HEARTS THAT IT IS INDEED TRUE ... THEN
THAT'S THE EXTENT TO WHICH WE WILL HAVE FINALLY COME TO UNDER-
STAND THE EXTENT OF THE INJURY TO OUR HUMANITY IN THIS CENTURY
... AND WHAT WE CAN DO TO HEAL IT.

THANK YOU.

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